

# NHS North West London Cluster Board (Part 1)

The NHS North West London Cluster Board is a meeting in common of the Boards of NHS Brent, NHS Ealing, NHS Hammersmith & Fulham, NHS Harrow, NHS Hillingdon, NHS Hounslow, NHS Kensington & Chelsea and NHS Westminster (all items apply to all PCTs unless stated)

**Friday 7<sup>th</sup> September 2012, 12.15pm – 2.45pm**

Central Hall Westminster, Storey's Gate, Westminster, London, SW1H 9NH

## Draft Minutes

**Chairman – Jeff Zitron**

Administration – Kieran Seale, Corporate Affairs Manager

### Present:

#### Voting Members

Jeff Zitron <b>(JZ)</b>	Chairman
Elizabeth Rantzen <b>(ER)</b>	Non Executive Director, Vice Chair
Fergus Cass <b>(FC)</b>	Non Executive Director, Audit Chair
Sarah Cuthbert <b>(SC)</b>	Non Executive Director
Arif Kamal <b>(AK)</b>	Non Executive Director
Martin Roberts <b>(MR)</b>	Non Executive Director
Chandresh Somani <b>(CS)</b>	Non Executive Director
Daniel Elkeles <b>(DE)</b>	Director of Strategy/Accountable Officer designate for Central, West London, Hammersmith & Fulham and the Great West Clinical Commissioning Groups
Andrew Howe <b>(AH)</b>	Director of Public Health*
Anne Rainsberry <b>(AR)</b>	Chief Executive
David Slegg <b>(DS)</b>	Director of Finance (Item 4 on)
Mark Spencer <b>(MS)</b>	Medical Director*
Jonathan Webster <b>(JW)</b>	Acting Director of Nursing*

#### Non-Voting Members

Rob Larkman <b>(RL)</b>	Accountable Officer designate for the Brent, Harrow, Hillingdon and Ealing Clinical Commissioning Groups
Sarah Whiting <b>(SWH)</b>	Managing Director NW London Commissioning Support Unit

#### Non Members in attendance

Trevor Begg <b>(TB)</b>	Chairman Hillingdon LINK (on behalf of North West London LINKs)
Ian Adams <b>(IA)</b>	Director of Communications
Karen Clinton <b>(KC)</b>	Director of Primary Care*
Alison McLellan <b>(AMc)</b>	Corporate Services Manager
Kieran Seale <b>(KS)</b>	Corporate Services Manager, Minutes
Lynne Spencer <b>(LS)</b>	Head of Corporate Affairs

Members of the public

\* Denotes clinical personnel

## Minutes

	Business Items	Action
<b>1.</b>	<b>Welcome, Introduction &amp; Apologies</b>	
1.1.	Apologies were received from Trish Longdon and Simon Weldon.	
<b>2.</b>	<b>Declarations of interest</b>	
2.1.	Arif Kamal declared that his wife is a medical doctor at North West London Hospitals Trust and works with the London Deanery.	
2.2.	Sarah Cuthbert declared that her husband is a partner at Deloitte.	
<b>3.</b>	<b>Report from the Chairman</b>	
3.1.	The Board noted the Chair's Action that had been taken to approve the Ealing Integrated Drug & Alcohol contract.	
<b>4.</b>	<b>Report from the Chief Executive</b>	
4.1.	The Chief Executive began by commenting on the success of the work that had been done to prepare for the Olympics and Paralympics and extended her thanks to all those who had worked so hard to deliver a successful outcome.	
4.2.	She referred to the letter that David Nicholson had sent with regards to shadowing the new governance arrangements from 1 <sup>st</sup> October 2012. She said that this would be discussed further in the governance item (Item 8, below).	
4.3.	The Chief Executive said that good progress is being made with appointments to the NHS Commissioning Board team and reported that David Slegg has been appointed as London Regional Director of Finance for the Commissioning Board. She said that the Clinical Commissioning Groups and the Commissioning Support Unit are also making good progress with appointments.	
4.4.	An update was given on Clinical Commissioning Group (CCG) authorisation. The CCGs have been submitting information related to authorisation but Hillingdon CCG have deferred their application to Wave 4.	
4.5.	The Chief Executive referred to the independent review of Fire, Health & Safety that had been carried out. She said that an action plan was now being implemented and extra capacity added. This process is being overseen by the Health & Safety Committee.	
4.6.	It was noted that dates for the 'Shaping a Healthier Future' Joint Committee of PCTs meetings in public would be circulated to Board members and publicised.	
4.7.	An update was given on the position at Imperial Healthcare NHS Trust. Issues with the 18 weeks referral to treatment of cancer patients had previously been discussed by the Board. Good progress has been made with these cases and reporting resumed on 1 <sup>st</sup> June. However, the Chief Executive said that a further issue had arisen in August with a number of cancer patients having an unclear status. Work is underway to ensure that this issue is addressed urgently.	
4.8.	The report was noted.	

<b>5.</b>	<b>Action Point Register</b>	
5.1.	<b>14.2 (9<sup>th</sup> July 2012): Planned Procedures with a Threshold</b> – it was agreed that a report on the review of the policy should be brought to the November Board.	<b>SWh</b>
5.2.	The Register was noted.	
<b>6.</b>	<b>Minutes of Cluster Board, 9<sup>th</sup> July 2012</b>	
6.1.	In 22.1.1. it was noted that the Audit Committee recommended the accounts for approval by the Board, rather than approved them.	
<b>Regulatory/Governance</b>		
<b>7.</b>	<b>Register of Interests</b>	
7.1.	The Board received the register of interests of members of the Board and Board committees. The need to amend Martin Roberts' entry to remove extraneous data was noted.	
7.2.	The Board considered whether the receipt of services from the NHS was a registrable interest. It was agreed that the universal nature of the NHS made this unnecessary.	
7.3.	The report was noted.	
<b>8.</b>	<b>North West London Transition Governance</b>	
8.1.	The Head of Corporate Affairs introduced a paper on the implementation of the Interim Operating Model in North West London from 1 <sup>st</sup> October. 2012. The Accountable Officers for the Clinical Commissioning Groups (CCGs) also introduced the arrangements for their CCGs. They explained the governance processes that have been put in place for the CCGs, including the Committee structure with Terms of Reference produced for the various committees. They explained that the list of statutory functions and the risks in the Board Assurance Framework had been mapped to the new structures.	
8.2.	Martin Roberts asked about the monitoring of performance of CCG Chairs and committee members. It was explained that this would be covered by the NHS Commissioning Board assurance process and an annual assessment carried out by the Board. He also asked about the status of the CCG Remuneration Committees. It was noted that prior to 1 <sup>st</sup> April 2013 their role will be to make recommendations for approval by the Cluster and NHS London, but that they will have more autonomy after that date.	
8.3.	Elizabeth Rantzen asked if the Remuneration Committee's responsibilities covered CCG Chair remuneration. It was confirmed that this is the case and that work is currently underway for the Central, West London, Hammersmith & Fulham and the Great West CCGs to look at harmonising pay.	

8.4.	Fergus Cass welcomed the clarity in the paper on how governance will operate for the remaining period of the PCTs' operation. He asked about the responsibility for civil contingencies and emergencies. The Director of Public Health said that structures for the new system are being built, but that the NHS Commissioning Board would be a Category 1 responder and the Clinical Commissioning Groups Category 2. The current arrangements will continue unchanged until the new interim arrangements are clear. Fergus Cass also asked if current resources were sufficient to deliver the transition. The Chief Executive said that there were not enough resources in the system at present, but the proposed move to the new structure on 1 <sup>st</sup> October will mitigate this problem.	
8.5.	Trevor Begg commented that the Board Assurance Framework for Brent, Harrow, Hillingdon and Ealing Clinical Commissioning Groups did not reflect the level of risk with regards to Hillingdon Hospital NHS Foundation Trust. It was agreed that this would be updated. It was also confirmed that PALS and Complaints services would remain a PCT responsibility as well as being established for CCGs.	RL
8.6.	With regards to finance, the Director of Finance said that there would be 'business as usual' for the next six months, but that a migration plan from the current to the new set-up was being developed in parallel. Guidance is awaited on the question of year end closure, but the Commissioning Support Unit is likely to be contracted to undertake the function.	
8.7.	The Chairman asked about how quality would be assured in the transitional structure. The Head of Corporate Affairs said that a Clinical Governance Framework had been set up. CCG Quality Committees would give assurance to the Cluster Quality Committee and reports would continue to come to the Cluster Board. Guidance has been issued by the NHS Commissioning Board on clinical governance during transition. An update will be brought to the next Board.	
8.8.	<p>The Board:</p> <ul style="list-style-type: none"> <li>noted and took assurance of the outline management and transition arrangements and the implications for the London and North West London systems;</li> <li>approved the proposed transition governance changes from 1<sup>st</sup> October 2012 to 31<sup>st</sup> March 2013 as amended and agreed that an update on quality systems should come to the November Board;</li> <li>Approved the proposals for the governance Central, West London, Hammersmith &amp; Fulham and the Great West Consortium of Clinical Commissioning Groups and for the Brent, Harrow, Hillingdon and Ealing Clinical Commissioning Groups;</li> <li>Agreed that reports from the Executive Transition Group should be brought to the Board and to the Audit Committee.</li> </ul>	<p>LS</p> <p>LS</p>
<b>9.</b>	<b>Revised Standing Orders/ Scheme of Delegation</b>	
9.1.	The Head of Corporate Affairs introduced the proposed changes to the Standing Orders and Scheme of Delegation. She explained that these reflected the new governance arrangements and some tidying up. She said that the proposals had been reviewed by the Audit Committee.	
9.2.	The Board approved the changes and adopted the revised Standing Orders and Scheme of Delegation.	

<b>10.</b>	<b>Board Assurance Framework</b>	
10.1.	The Head of Corporate Affairs introduced the Board Assurance Framework. She said that the Internal Audit review of the process by the Internal Auditors had rated it as Green.	
10.2.	Fergus Cass said that there had been a discussion at the Audit Committee about the Internal Auditors' report and he confirmed their positive view. He asked about the status of Red rated risks. With regards to maternity services, the Medical Director said that this was indeed a major risk and that a working group had been set up to see how it can be mitigated. The Acting Director of Nursing said that issues relating to safeguarding children are under constant review by the Quality & Clinical Risk Committee. It was agreed that the report to the next Board should highlight the actions that the Committee has asked for in relation to these high risks.	
10.3.	Elizabeth Rantzen asked about the risks to the Out of Hospital strategy in relation to the Shaping a Healthier Future programme. The Director of Strategy said that there are many mitigating actions to ensure that the Out of Hospital strategy will be implemented. It was agreed that the Board Assurance Framework would be re-circulated with these mitigating actions and the update version would be put on the website.	<b>LS</b>
10.4.	Trevor Begg asked about CCG risks, for example Increasing Access to Psychological Therapies. The Chief Executive said that these should be addressed on the CCG risk registers and that the CCG Audit Committees should pick up any gaps.	
10.5.	The Board took assurance that a robust process is in place for managing risk for the organisation in transition and emerging mechanisms for Cluster to continue to receive effective assurance, and agreed that information relating to Out of Hospital Strategy and mitigating actions should be circulated. For the Red rated risks it was agreed that a summary of actions being taken should be circulated in advance of the November Board.	<b>LS</b>
10.6.	The report was noted.	
<b>11.</b>	<b>PCT Annual Accounts</b>	
11.1.	The Director of Finance introduced accounts for the eight North West London PCTs: NHS Brent, NHS Ealing, NHS Hammersmith & Fulham, NHS Harrow, NHS Hillingdon, NHS Hounslow, NHS Kensington & Chelsea and NHS Westminster. He said that the accounts had been submitted in April and that all the deadlines had been met. They had since been subject to review by the external auditors, by the Audit Committee and by the relevant sub-Cluster Audit Sub-Committees.	
11.2.	The Director of Finance said that all eight PCTs had met their statutory duties and control totals. Overall the Cluster had a £60m surplus (against a control total of £45m). All eight PCTs received an unqualified audit opinion. Three had qualified value for money opinions due to the financial challenges they faced. Arif Kamal asked how concerned the Board should be about these qualified opinions. The Director of Finance said that the issues that lay behind them were well known and were being dealt with.	
11.3.	The Board resolved to accept the accounts. Thanks was given to the Cluster Finance team, Audit Committee, Audit Sub-Committees and PCT Finance teams for their hard work.	

<b>12.</b>	<b>Use of the Seal</b>	
12.1.	The use of the Seal for the purposes set out was noted.	
<b>13.</b>	<b>London Specialised Commissioning Group – Establishment Agreement</b>	
13.1.	The Board approved the revised London Specialised Commissioning Group – Establishment Agreement and delegated authority to the Chief Executive to sign off any further changes.	
<b>14.</b>	<b>Hillingdon PCT – CQC registration</b>	
14.1.	The Board noted that Hillingdon PCT is still registered with the Care Quality Commission and it was considered that this is no longer necessary since it no longer provides community services.	
14.2.	The Board agreed the application to de-register in the form required by Care Quality Commission.	
<b>15.</b>	<b>Procurement of GP Direct Access Pathology Services in Hounslow</b>	
15.1.	The Accountable Officer designate for Brent, Harrow, Hillingdon and Ealing Clinical Commissioning Groups explained that a tendering process had been carried out for pathology services in Hounslow and that Hillingdon Hospital NHS Foundation Trust had won the tender. The details of the process followed were set out in the papers presented to the Board. In response to questions he confirmed that Hillingdon Hospital has a good reputation as a pathology provider and that its quality outweighed the fact that one of the other bidders was slightly cheaper.	
15.2.	The Board is agreed to approve the recommendation of Great West Clinical Commissioning Group that Hounslow PCT should award the contract to Hillingdon Hospital, following successful finalisation and mobilisation planning.	
<b>16.</b>	<b>Health &amp; Safety Committee – Revised Terms of Reference</b>	
16.1.	The Terms of Reference were approved. It was agreed that Fergus Cass should be the additional Non-Executive Director on the Committee.	
<b>17.</b>	<b>Revised Health &amp; Safety Policy</b>	
17.1.	A revised Health & Safety report was presented to the Board. Arif Kamal, Chair of the Health & Safety Committee commented that good progress was being made in this area.	
17.2.	The revised policy was approved.	
<b>18.</b>	<b>Resource Allocation for Carers and Respite Care</b>	
18.1.	The Director of Strategy said that it was intended to publish a Cluster Carers' Plan by the end of September. He said that all Clinical Commissioning Groups had a lead and a champion for carers and that each would have a carers' strategy. He accepted that there is insufficient consistency at the moment and that the position was being examined. A tender has been issued for a report on the impact of the 'Shaping a Healthier Future' programme on carers.	
18.2.	Trevor Begg asked if the CCGs would be able to sign off the Carers' Plan by the required deadline. The Director of Strategy said that it would go to all the CCG governing bodies. It was agreed that if the Plan was approved by each CCG then it could be signed off by the Chairman on behalf of the Cluster Board.	

18.3.	A question was raised as to which CCGs are meeting in public. It was confirmed that all CCG governing bodies are already meeting in public, or would do so from October.	
<b>Transition</b>		
<b>19.</b>	<b>Clinical Commissioning Group Authorisation Progress Report</b>	
19.1.	It was noted that this had been discussed under the Chief Executive's report.	
19.2.	The report on the authorisation process for Clinical Commissioning Groups was noted.	
<b>20.</b>	<b>Commissioning Support Unit Authorisation Update</b>	
20.1.	The Managing Director of the Commissioning Support Unit said that a full business plan had been submitted at the end of August. The results of the checkpoint 3 assessment were awaited, but feedback up to now was positive. She said that the staff structure was being populated and that the Directors would shortly be recruited substantively.	
20.2.	Elizabeth Rantzen asked about independent due diligence. It was confirmed that this was being done by Ernst & Young. It was also confirmed that the Business Intelligence tender process is underway.	
20.3.	Trevor Begg asked if it was intended to have shadow lay members. The Managing Director said that it was intended to have a Governing Committee for the CSU which would include lay members. In response to a question, she confirmed that spending on communications was not intended to be above the current budget.	
20.4.	The Chairman congratulated the team on the progress that has been made and the report was noted.	
<b>Delivery</b>		
<b>21.</b>	<b>Month 4 - Financial Position</b>	
21.1.	<p>The Director of Finance introduced the finance report. He noted that the Board was being presented with a summary position and that the full pack was available on the website. He said that the Cluster position is in balance at Month 4 and that break-even is projected for the year. However he also said that there were two PCTs that were overspending:</p> <ul style="list-style-type: none"> <li>• Hounslow – it is hoped that this position can be recovered and the PCT brought back into balance;</li> <li>• Hillingdon – where the position is more difficult with issues relating to the Hillingdon Hospital, Royal Brompton contracts and with QIPP. He said that a recovery plan would be brought to the Finance &amp; Performance Committee. If the position is not recovered a decision will need to be made as to how to deal with this.</li> </ul>	
21.2.	Chandresh Somani expressed a concern that not all Clinical Commissioning Groups (e.g. Hillingdon and Ealing) received up to date financial information. The Director of Finance said he would discuss this issue with Chandresh Somani, investigate the position with these Clinical Commissioning Groups and report back to the November Board.	<b>DS</b>



21.3.	Fergus Cass said that this summarised approach was helpful for the Board, but asked who would be looking at the detail. The Director of Finance said that the detailed scrutiny would take place at Clinical Commissioning Group/PCT level.	
21.4.	The position at Hillingdon was discussed in detail with a number of members of the Board expressing concern about the financial position there and the chances of reaching a break-even position. The Director of Finance said that recovery plans would be put in place with the aim of enabling Hillingdon to break even. Work was also underway to align the PCT position with that of the hospital trust. He said that a paper on contingency funds would be taken to the Finance & Performance Committee. The Accountable Officer Designate for Hillingdon CCG added that a dedicated Finance Director and the right team had now been put in place there to recover the position, which was being watched closely. The Chief Executive said that managing of financial risk was a key issue in the authorisation process and that the Commissioning Board was well aware of the issues at Hillingdon. The need for CCGs such as Hillingdon to demonstrate a track record of delivery was essential if they are to be authorised rather than established with conditions. It was for this reason that Hillingdon's authorisation application has been put back to Wave 4.	DS
21.5.	The Board is agreed to note the overall financial position at Month 4 and note the individual PCT financial positions.	
<b>22.</b>	<b>Month 3 Performance</b>	
22.1.	The Managing Director of the Commissioning Support Unit introduced the report and the Accountable Officers designate for the Clinical Commissioning Groups (CCGs) spoke in relation to their areas. The Accountable Officer for Brent, Harrow, Hillingdon and Ealing said that a trend of over-performance had continued but slowed down due to initiatives such as at the Urgent Care Centre at Northwick Park and Ealing's approach to referral management.	
22.2.	Fergus Cass asked about the implications of the ICDs (Implantable cardioverter defibrillators) cap. It was explained that this is a cap on payment rather than a cap on the number of procedures. The Medical Director confirmed that there was no clinical issue with this.	
22.3.	Elizabeth Rantzen asked about childhood immunisation and said that performance remains poor in Inner North West London and in Westminster in particular where the position is worsening. The Accountable Officer for the Central, West London, Hammersmith & Fulham and the Great West CCGs said that he was gaining an understanding of what the issues are and was working to resolve them. It was agreed that an update will be given to the Finance & Performance Committee.	
22.4.	It was noted that some good progress had been made in relation to operational performance and delivery, but that more work was needed on Choose & Book. It was agreed that this should be tackled in conjunction with the Clinical Commissioning Groups.	
22.5.	Trevor Begg asked why access to dentistry was so poor. The Director of Primary Care said it was planned to address this issue by investing savings in dentists which are performing well. There would also be communications and engagement activities to improve understanding amongst the public about what is available.	
22.6.	The report and actions taken were noted.	



<b>23.</b>	<b>Any Other Business</b>	
23.1.	It was noted that Central North West London Foundation Trust is consulting on changes to adult mental health in Westminster and Kensington & Chelsea and that a business case is awaited. It was noted that these changes are in line with commissioning intentions and therefore agreed to delegate authority to the Director of Strategy to sign off the business cases.	
<b>24.</b>	<b>Questions from the public</b>	
24.1.	A member of the public asked if the 'Shaping a Healthier Future' consultation document was too long and whether the questionnaire was worded with sufficiently open questions. The Chairman pointed out that the consultation is the responsibility of a Joint Committee of PCTs, rather than of this Board but invited the Director of Strategy to respond. The Director of Strategy said that the independent polling company, IPSOS MORI, had advised on the drafting of the questions. IPSOS MORI would be analysing the questionnaire results as part of the consultation process and had advised that the number of responses received so far had already exceeded typical levels at this stage in a consultation process.	
24.2.	The member of the public also commented that some of the writing on the Register of Interests was illegible. The Head of Corporate Affairs agreed that a typed version should be produced and would be put on the website.	<b>LS</b>
24.3.	Another member of the public asked whether there was a risk register relating to the options proposed in 'Shaping a Healthier Future'. It was noted that the current risk register for the programme would be shared with the Joint Overview and Scrutiny Committees which had also raised this issue.	<b>LS</b>
<b>25.</b>	<b>Identification of New Risks</b>	
25.1.	None identified.	
<b>26.</b>	<b>Identification of New Legislation</b>	
26.1.	None identified.	
<b>27.</b>	<b>For information</b>	
27.1.	<p>The Board noted the Minutes of the following Board committees:</p> <ul style="list-style-type: none"> <li>• Joint Audit Committee (26th June);</li> <li>• Clinical Executive Committee (5th July, 19th July, 16th August);</li> <li>• Joint Finance &amp; Performance Committee (17th July);</li> <li>• Joint Information Governance Committee (31st July);</li> <li>• Joint Health &amp; Safety Committee (21st August);</li> <li>• Joint Quality &amp; Clinical Risk Committee (22nd August);</li> <li>• Clinical Commissioning Group Board meetings.</li> </ul> <p>The report from Joint Remuneration Committee was also noted.</p>	

27.2.	Fergus Cass (Audit Committee Chair) gave an update from the meeting that had been held on the previous day, 6 <sup>th</sup> September. He said that the meeting had noted three Internal Audit reports relating to procurement, payroll and risk. He said that although efforts were being made to minimise the number of tender waivers, there may be extra in the short term because of the need to avoid letting long term contracts in advance of CCGs taking over responsibility. The procurement review had looked at the procurement of consultancy services and given positive feedback on the approach that had been taken. He said that the Committee is examining how to improve links with CCG Audit Committees. The External Auditors had provided the meeting with clarity on who is carrying out the audit for 2012/13, but the arrangements for year end are still unclear. The issues of staffing the finance function and the Board Assurance Framework were discussed, as they had been in this meeting. Finally he said that a questionnaire had been issued to examine the PCTs' preparedness in the light of the issues that had arisen at NHS Croydon and that a response is being developed. The update was noted.	
28.	<b>Dates and venues of future meetings</b>	
<p><b>Monday 5<sup>th</sup> November</b>      9.30am to 12.30pm, Heart of Hounslow, 92, Bath Road, Hounslow, TW3 3LN</p> <p><b>Tuesday 15<sup>th</sup> Jan 2013</b>      1.00pm to 4.00pm, Central Hall, Storey's Gate, Westminster, SW1H 9NH</p> <p><b>Tuesday 19<sup>th</sup> March 2013</b>      10.00am to 1.00pm, Central Hall, Storey's Gate, Westminster, SW1H 9NH</p>		

**Signed .....**      **Chair of Board**

**Dated .....**

A final, signed copy of the Minutes is available from Lynne Spencer, Head of Corporate Affairs, Chief Executive Office, NHS North West London on request from: [Lynne.spencer@nw.london.nhs.uk](mailto:Lynne.spencer@nw.london.nhs.uk) or Tel: 020 3350 4188.